

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

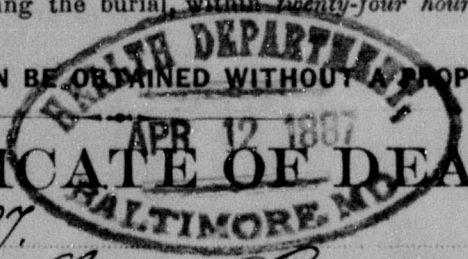
Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. 99190

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, April 11th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } George Lissauer

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, One Years, Two Months, Days.

Color, White Sex, Male

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore,

Place of Death, { Give street and number. } 941, W. Fayette Street

Cause of Death, { First (Primary), Intestinal Inflammation. { Second (Immediate), Hydrocephalus.

Duration of Last Sickness, 19 days.

All the above information should be furnished by the Physician.

Place of Burial, Kaissnia

Date of Burial, April 12th

{ Undertaker, Jacob. Ahrens.

{ Place of Business, 626 W. Baltimore St.

Morris Wiener

M. D.

Medical Attendant.

Address 744, W. Fayette St.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Health Department, City of Baltimore.

Permit No. 99191

Office of Registrar of Vital Statistics.

Ward 16th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th / 1887

Full Name of Deceased, Thomas Rawlings
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male
{ Cross out the word not required in this line. }

Age, 84 Years, 0 Months, 0 Days.

Color, Colored

Married, Single, Widow or Widower, Widower
{ Cross out the words not required in this line. }

Occupation, Wood Sawyer

Birth Place, Calvert Co. Md.
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 45 years

Place of Death, 322 South Eutaw Street
{ Give Street and Number. }

Cause of Death, Old Age
Exhaustion
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, Three Weeks

All the above information should be furnished by the Physician.

Place of Burial, Shapp Street Cemetery

Date of Burial, April 13th / 1887

Undertaker, H. Ross

Place of Business, Conway St Address, Conway St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

H. C. Seward S. J.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. 99192 Office of Registrar of Vital Statistics. Ward 13ⁿ

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Cook

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 3 Months, 10 Days.

Color, Cal

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, ✓

Place of Death, { Give Street and Number. } 729 Dover St.

Cause of Death, { First (Primary), Second (Immediate), } Pneumonia
Asphyxia

Duration of Last Sickness, ✓
All the above information should be furnished by the Physician.

Place of Burial, St. Stephen's

Date of Burial, April 11 1887

Undertaker, Hercules Ross W. S. Booye M. D. Medical Attendant.

Place of Business 404 E. Way St. Address, 177 S. Sharp St.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm:1132, Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99193

Office of Registrar of Vital Statistics.

Ward 18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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CERTIFICATE OF DEATH.

Date of Death, April 11th

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Tresa Purper

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 88 Years, — Months, — Days

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Widow

Occupation, —

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } No. 575 Weyeth Cr

Cause of Death, { First (Primary), Second (Immediate), } Old age

Duration of Last Sickness, For some years

All the above information should be furnished by the Physician.

Place of Burial, Mount Olivet Cmt.

Date of Burial, April 13th 1887

{ Undertaker, Julius Kachler }

{ Place of Business, Sharp & Cross St } Address, Dr. Plummer & Remt Cr.

Medical Attendant. Wm. S. Alderdice M. D.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Health Department, City of Baltimore.

Permit No. 99194 Office of Registrar of Vital Statistics.

Ward 9th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Monday April 11th 1887
Full Name of Deceased, Cateed Linticum
Sex, Male or Female, Female
Age, 31 Years, 8 Months, Days.
Color, White

Married, Single, ~~Widow or Widower~~, Single

Occupation, Seamstress

Birth Place, Maryland

Duration of Residence in the City of Baltimore, Five years

Place of Death, 413 S. Paul St

Cause of Death, Phthisis Pulmonalis
First (Primary), Infection
Second (Immediate),

Duration of Last Sickness, Six weeks

All the above information should be furnished by the Physician.

Place of Burial, Patuxent Station A.A. Co Md

Date of Burial, April 13th 1887

Undertaker, Henry H. Mears

Place of Business, #413 E. Fayette St

Address, 413 E. Fayette St

E. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4633 Transit

[OVER.]

Health Department, City of Baltimore.

Permit No. 99195

Office of Registrar of Vital Statistics.

Ward 20²

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

4/11/87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Chas W. Smith

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, Years,

77

Months,

Days.

Color, ed

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

728

Cause of Death, { First (Primary), Second (Immediate), }

Life
Stockton
Perkins
of pneumonia
2 weeks

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 13th 1887

{ Undertaker, W. W. Madden

{ Place of Business, East St

G. B. Sturges M. D.

Medical Attendant.

Address, 607 Franklin

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

Health Department, City of Baltimore.

Permit No. 99196 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Eugene C Fields

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 26 Years, Months, ✓ Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Salesman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Gloucester Va

Duration of Residence in the City of Baltimore, 6 yrs

Place of Death, { Give Street and Number. } 705 (281) W Lombard St

Cause of Death, { First (Primary), Second (Immediate), } Dysphoria
Fever

Duration of Last Sickness, 3 weeks

All the above information should be furnished by the Physician.

Place of Burial, Spring Grove Cemetery

Date of Burial, Apr 13 1887

Undertaker, Denny & Mitchell J. E. Clay M. D. Medical Attendant.

Place of Business, 550 W Gay St Address, 36 S. Eutan St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

4634 Transit

[OVER.]

Health Department, City of Baltimore.

Permit No. 99197

Office of Registrar of Vital Statistics.

Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, Apr. 10th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Maria L. Mingo

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 55 Years, 0 Months, 13 Days.

Color, C

~~Married~~, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Washer woman

Birth Place, { State or country, and how long in the United States, if of foreign birth. } New York

Duration of Residence in the City of Baltimore, 25 years

Place of Death, { Give Street and Number. } 822 Kernan St

Cause of Death, { First (Primary), Second (Immediate), } Apoplexy
Paralysis

Duration of Last Sickness, 9 mos.

All the above information should be furnished by the Physician.

Place of Burial, Public Cem

Date of Burial, April 12th 1887

Undertaker, Geo. Kimball H. T. Remond M. D.

Place of Business, City Hall Address, 722 Airquith St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

Board of Health, City of Baltimore.

Permit No. 99198 Office of Registrar of Vital Statistics. Ward 2

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 11th 1887 John L. Lida B. Carroll -

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. } Was not named of Parents

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, Years, Months, 7 Hours Days

Color, White

Married, Single, Widow or Widower, { Cross out the word not required in this line. } Single

Occupation X X X

Birthplace, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Life time ✓

Place of Death, { Give street and Number. } 348 Canton Ave

Cause of Death, { First (Primary), } Do not know

{ Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, April 12th 87

{ Undertaker } John L. Carroll

{ Place of Business, } Post office

James E. Drinnelle M. D.
Medical Attendant.

Address, 1701 E Baltimore St

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

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[OVER.]

Health Department, City of Baltimore.

Permit No. 99199 Office of Registrar of Vital Statistics. Ward 19

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 10 1888

Full Name of Deceased, Matilda Edwards { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 63 Years, - Months, - Days

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ☒

Occupation, Housewife

Birth Place, Anne Arundel Co Md. { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 18 years

Place of Death, 3 Stockton Alley { Give Street and Number. }

Cause of Death, Hemiplegia { First (Primary), Second (Immediate), } Cerebral

Duration of Last Sickness, 2 weeks

All the above information should be furnished by the Physician.

Place of Burial, Lanel Cemetery

Date of Burial, April 12 1888

{ Undertaker, William A. Dwyer } J. D. Morris M. D.

{ Place of Business, 150 East St } Address, 1209 W. Gay St Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]